



State of New Hampshire 2015 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2015

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 01/06/2015

Business ID: 23159

William M. Gardner

Secretary of State

HARRY W. WELLS & SON, INC.

P.O. BOX 1163

NASHUA, NH 03061

ADDRESS OF PRINCIPAL OFFICE:

19 CROWN ST

NASHUA, NH 03060

REGISTERED AGENT AND OFFICE:

GOTTESMAN, DAVID M, ESQ

39 E PEARL STREET

NASHUA, NH 03060

ENTITY TYPE: CORPORATION

BUSINESS ID: 23159

STATE OF DOMICILE: NEW HAMPSHIRE

PLUMBING, HVAC

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐

The new mailing address

☐

The new principal office address

PO Box is acceptable.

OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE OFFICER BELOW)

PRES. **K Salgals**
STREET **19 Crown Street**
P.o. Box 1163
CITY/STATE/ZIP **Nashua Nh 03061**

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

DIR. **K Salgals**
STREET **19 Crown Street**
P.o. Box 1163
CITY/STATE/ZIP **Nashua Nh 03061**

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

To be signed by an officer, director, or any other person authorized by the board of directors.

I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

K Salgals

Please print name and title of signer:

K Salgals

/

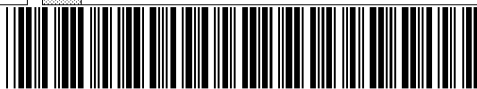
PRESIDENT

NAME

TITLE

FEE DUE: **\$100.00**

E-MAIL ADDRESS (OPTIONAL):



2315920151009

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, 107 N. Main St., Room 204, Concord, NH 03301